

TRAFFIC ACCIDENT REPORT	INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
	234612900106	234612900106 VERSION 1	INITIAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : TRAFFIC ACCIDENT WITHOUT INJURIES (GOV/POV) (RES)

Date Received 02-AUG-2023	Time Received 0703	Incident Received By Radio	Start Date / Time of Incident 02-AUG-2023 0703	End Date / Time of Incident 02-AUG-2023 0845
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Type of Accident Vehicle-Vehicle	Number Vehicles Involved 2	Severity 0 Number Killed 0 Number Injured Property Damage
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Weather : Clear **Lighting :** Dawn

LOCATION

On/Off Base On	Road or Street on Which Accident Occurred TOW WAY	City, State/Territory, Zip/Postal Code, Country ROTA, AE USA
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At the InterSection of CARLOS THE THIRD

Kind of Locality : Military Installation

VEHICLE(S)

Vehicle # 1	Year 2015	Color White	Model GALAXY	Body Style Van	Make FORD	Owner Name
License Plate AF Africa/Canada/Eur/ME / G412601E	DOD Decal	Vehicle Identification Number (VIN) TEMP_VIN3141249		Ownership Type US Federal Gov.		
Insurance Policy Number	Insurance Company		Insurance Expires On			

Other Identifying Marks :

Traffic Control/Road Conditions

Driving Lanes :	Character :
Surface :	Conditions :
Road Defects :	Traffic Control :

Contributing Circumstances and Driver Actions

Direction Headed :	Vehicle Defects :
Lawful Speed :	Estimated Speed at Impact : Estimated Speed when Danger was First Noticed :
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :

Vehicle Damage

Severity of Damage : Other Motor Vehicle Damage	Areas Damaged :
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Towed By : **Towed To :**

Vehicle # 2	Year 2004	Color Silver	Model 307	Body Style Sedan (2DR/4DR)	Make PEUGOT	Owner Name PALMIER, HENRY
License Plate AF Africa/Canada/Eur/ME / 2972DDF	DOD Decal	Vehicle Identification Number (VIN) TEMP_VIN3141251		Ownership Type Private/Personal		
Insurance Policy Number 1.777.519	Insurance Company GIECO		Insurance Expires On			

Other Identifying Marks :

Traffic Control/Road Conditions

Driving Lanes :	Character :
Surface :	Conditions :
Road Defects :	Traffic Control :

Contributing Circumstances and Driver Actions					
<u>Direction Headed :</u>			<u>Vehicle Defects :</u>		
<u>Lawful Speed :</u>		<u>Estimated Speed at Impact :</u>		<u>Estimated Speed when Danger was First Noticed :</u>	
<u>Distance Traveled after Impact :</u>			<u>Estimated Distance when Danger was First Noticed :</u>		
Vehicle Damage					
<u>Severity of Damage :</u> Other Motor Vehicle Damage			<u>Areas Damaged :</u> 3 - Right Front Door		
<u>Towed By :</u>			<u>Towed To :</u>		
DRIVER(S)					
DRIVER #1				Vehicle 1	
<u>Name</u> HOPPER, LAWRENCE		<u>ID Num</u> (b) (6)		<u>Rank</u> Petty Officer First Class	
<u>Branch of Service</u> Navy	<u>Personnel Type</u> MILITARY	<u>Status</u> Regular (Active)	<u>Date of Birth</u> (b) (6)	<u>Place of Birth</u>	
<u>Home Telephone</u>				<u>Work Telephone</u>	
<u>Address</u> .					
<u>Organization</u> USS BULKLEY				<u>UIC / RUC</u>	
<u>Drivers License</u> B5714892 CA USA		<u>Limitations on License</u> None		<u>Driving Experience</u>	
<u>Seat Belt Use</u> Both Used	<u>Seat Occupied</u> 1	<u>Chemical Test Given</u> Yes	<u>Chemical Test Refused</u> No	<u>BAC PCT</u> 0	
<u>Injury Type(s):</u>					
Contributing Circumstances and Driver Actions					
<u>Citation Number</u>			<u>Driver Actions</u> Going Straight Ahead		
DRIVER #2				Vehicle 2	
<u>Name</u> PALMIER, HENRY D		<u>ID Num</u> (b) (6)		<u>Rank</u> Lieutenant Junior Grade	
<u>Branch of Service</u> Navy	<u>Personnel Type</u> MILITARY	<u>Status</u> Regular (Active)	<u>Date of Birth</u> (b) (6)	<u>Place of Birth</u>	
<u>Home Telephone</u>				<u>Work Telephone</u>	
<u>Address</u> .					
<u>Organization</u> USS BULKLEY				<u>UIC / RUC</u>	
<u>Drivers License</u> FA365579 AE USA		<u>Limitations on License</u> None		<u>Driving Experience</u>	
<u>Seat Belt Use</u>	<u>Seat Occupied</u> 1	<u>Chemical Test Given</u> Yes	<u>Chemical Test Refused</u> No	<u>BAC PCT</u> 0	
<u>Injury Type(s):</u>					
Contributing Circumstances and Driver Actions					
<u>Citation Number</u>			<u>Driver Actions</u> Making Left Turn		
OCCUPANTS(S)					
PEDESTRIAN(S)					
COMPLAINANT(S)					
COMPLAINANT					
<u>Name</u> (b) (7)(C)		<u>ID Num</u> (b) (7)(C)		<u>Rank</u> (b) (7)(C)	
<u>Branch of Service</u> Navy	<u>Personnel Type</u> MILITARY	<u>Status</u> Regular (Active)	<u>Date of Birth</u>	<u>Place of Birth</u>	
<u>Address</u> .					
<u>Organization</u> NAVSTA ROTA SECURITY DEPARTMENT				<u>UIC / RUC</u> 46129	<u>Work Telephone</u> (b) (7)(C)
OFFENSE(S)					
PROPERTY					

PROPERTY - NARCOTIC(S)					
WITNESS(S)					
VICTIMS(S)					
VICTIM			Victim Type Individual	DD2701 Issued 08-AUG-2023	
Name PALMIER, HENRY D			ID Num (b) (6)	Rank Lieutenant Junior Grade	
Branch of Service Navy	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6)	Place of Birth	
Sex : Male	Race : White	Ethnicity : Not Hispanic or Latino		Resident of Jurisdiction :	
Address					
Organization USS BULKLEY			UIC / RUC	Work Telephone	
ADDITIONAL VICTIM INFORMATION					
Offense(s) Committed Against This Victim :					
Relationship of Victim to Suspect(s) :					
Aggravated Assault Circumstances :					
Injury Type(s):					
SPONSOR(S)					
SUSPECT(S) / ARRESTEE(S)					
SUSPECT					
Name HOPPER , LAWRENCE			ID Num (b) (6)	Rank Petty Officer First Class	
Branch of Service Navy	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6)	Place of Birth	
Address					
Organization USS BULKLEY			UIC / RUC	Work Telephone	
Maiden Name and Known Alias(es) :					
ADDITIONAL SUSPECT / ARRESTEE INFORMATION					
Offense(s) Committed by This Suspect/Arrestee:					
SUSPECT / ARRESTEE DESCRIPTION					
Sex Male	Race American Indian or Alaska Native	Ethnicity Unknown		Resident of Jurisdiction	
Hair Color Black	Eye Color Brown	Height (Inches) 74	Weight (lbs.) 22	Body Build Heavy	Dexterity Right-Handed
Hair Type(s): Coarse		HairStyle(s): Bushy		Facial Hair : Clean	
Complexion : Clear				Appearance : Military	
Attire : Navy Uniform		Speech : Quiet		Demeanor : Apologetic	
IDENTIFYING MARKS					
Type	Location		Description		
ARRESTEE INFO					
Date Arrested :		Type of Arrest :			
Multiple Clearance :		Disposition of Juvenile :			
Suspect Was Armed With :					
SUSPECT					
Name HOPPER , LAWRENCE			ID Num (b) (6)	Rank Petty Officer First Class	
Branch of Service Navy	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6)	Place of Birth	
Address					
Organization USS BULKLEY			UIC / RUC	Work Telephone	
Maiden Name and Known Alias(es) :					
ADDITIONAL SUSPECT / ARRESTEE INFORMATION					
Offense(s) Committed by This Suspect/Arrestee:					

SUSPECT / ARRESTEE DESCRIPTION					
Sex Male		Race American Indian or Alaska Native		Ethnicity Unknown	
Resident of Jurisdiction					
Hair Color Black	Eye Color Brown	Height (Inches) 74	Weight (lbs.) 22	Body Build	Dexterity
Hair Type(s) : Coarse		Hair Style(s) : Crewcut		Facial Hair : Clean	
Complexion : Clear				Appearance : Military	
Attire : Navy Uniform		Speech : Quiet		Demeanor : Apologetic	
IDENTIFYING MARKS					
Type	Location		Description		
ARRESTEE INFO					
Date Arrested :			Type of Arrest :		
Multiple Clearance :			Disposition of Juvenile :		
Suspect Was Armed With :					
ADDITIONAL POLICE OFFICERS					
POLICE OFFICER					
Name (b) (7)(C)		ID Num / UNKNOWN		Rank (b) (7)(C)	
Branch of Service Navy	Personnel Type MILITARY	Status Regular (Active)	Organization NAVSTA ROTA SECURITY DEPARTMENT		
POLICE OFFICER					
Name (b) (7)(C)		ID Num / UNKNOWN		Rank (b) (7)(C)	
Branch of Service Navy	Personnel Type MILITARY	Status Regular (Active)	Organization NAVSTA ROTA SECURITY DEPARTMENT		
NARRATIVE					
<p>On 02AUG23, at approximately 0703, Sentry (b) (7)(C) notified Patrol Officer (b) (7)(C) via handheld radio of a Traffic Accident without injuries involving a personally owned vehicle and a government owned vehicle at Pier One.</p> <p>At approximately 0715, (b) (7)(C) and (b) (7)(C) arrived on scene and made contact with PALMIER, Henry and HOPPER, Lawrence.</p> <p>At approximately 0716, (b) (7)(C) reported no leaking fluids, no air bags deployed and no injuries.</p> <p>At approximately 0718, (b) (7)(C) arrived on scene.</p> <p>At approximately 0720, PALMIER provided (b) (7)(C) with breath sample utilizing the Alcoblow, yielding negative results.</p> <p>At approximately 0722, HOPPER provided (b) (7)(C) with breath sample utilizing the Alcoblow, yielding negative results.</p> <p>At approximately 0725, (b) (7)(C) captured 8 digital photos, via duty phone, depicting damaged of front left bumper of Vehicle #1, bearing license plate #G412601E and Vehicle #2, bearing license plate #2972DDF. (Enclosure #1)</p> <p>At approximately 0730, (b) (7)(C) completed a Department of Navy Traffic Accident Report (OPNAV 5580/1A) (Enclosure #2)</p> <p>At approximately 0734, PALMIER, Michael provided (b) (7)(C) with a Department of the Navy Voluntary Statement summarized as follows: He was driving into the roundabout and while already established in the roundabout he was struck on the driver side by HOPPERS vehicle. (Enclosure #3)</p> <p>At approximately 0738, HOPPER, Lawrence provided (b) (7)(C) with a Department of the Navy Voluntary Statement summarized as follows: While entering the roundabout at Pier One, he was driving slowly to avoid pedestrians and was following the car in front of him. He then attempted to apply the brakes but was unsuccessful and struck PALMIER's vehicle on the front driver side. (Enclosure #4)</p> <p>At approximately 0800, (b) (7)(C) completed a Motor Vehicle Accident Report Form (SF-91). (Enclosure #5)</p> <p>At approximately 0842, (b) (7)(C) issued HOPPER a Department of the Navy Armed Forces Traffic Ticket (DD FORM 1408) for failure to yield. (Enclosure #6)</p> <p>At approximately 0845, all units cleared from scene.</p>					
ENCLOSURE(S)					
ENCL #	DESCRIPTION				
1	PHOTO LOG				
2	DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (OPNAV 5580/1A)				
3	DEPARTMENT OF THE NAVY VOLUNTARY STATEMENT (OPNAV 5580/2) ICO: PALMIER, MICHAEL				
4	DEPARTMENT OF THE NAVY VOLUNTARY STATEMENT (OPNAV 5580/2) ICO: HOPPER, LAWRENCE				

5	MOTOR VEHICLE ACCIDENT REPORT FORM (SF-91)		
6	DEPARTMENT OF THE NAVY ARMED FORCES TRAFFIC TICKET (DD FORM 1408)		
REPORTING/APPROVING OFFICIALS			
Reporting Official (b) (7)(C)		Date 10-AUG-2023	Approving Official (b) (7)(C) Watch Commander
			Date 10-AUG-2023 FINAL APPROVED ON 08-AUG-2023
DISTRIBUTION			
Referred To/Assumed By :			
Distribution :			

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING FRONT VIEW OF VEHICLE #1 WITH NO REPORTED DAMAGE.

PHOTO

1 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING DRIVER SIDE VIEW OF VEHICLE #1 WITH A TRANFER OF GREY PAINT TO FRONT LEFT BUMPER FROM VEHICLE #2.

PHOTO

2 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING PASSENGER SIDE VIEW OF VEHICLE #1 WITH NO REPORTED DAMAGE.

PHOTO

3 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE
02AUG23

TITLE
TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY
IMAGE DEPICTING REAR VIEW OF VEHICLE #1 WITH NO REPORTED DAMAGE.

PHOTO
4 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING PAINT TRANSFER TO DRIVER SIDE FRONT BUMPER AS RESULT OF MAKING CONTACT WITH VEHICLE #2.

PHOTO

5 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING FRONT VIEW OF VEHICLE #2 WITH NO REPORTED DAMAGE.

PHOTO

6 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING PASSENGER SIDE VIEW OF VEHICLE #2 INDICATING DAMAGE TO PASSENGER SIDE FRONT DOOR.

PHOTO

7 OF 10

ENCLOSURE #1

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING DRIVER SIDE VIEW OF VEHICLE #2 WITH NO REPORTED DAMAGE.

PHOTO

8 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING REAR VIEW OF VEHICLE #2 WITH NO REPORTED DAMAGE.

PHOTO

9 OF 10

SECURITY DELTA SECTION
NAVAL STATION ROTA, SPAIN

REPORTING OFFICIAL

(b) (7)(C)



PHOTOGRAPHER

(b) (7)(C)

DATE

02AUG23

TITLE

TRAFFIC ACCIDENT WITHOUT INJURIES (POV/GOV)

SUMMARY

IMAGE DEPICTING APPROXIMATE SIZE OF DAMAGE TO VEHICLE #2 FRONT PASSENGER DOOR. APPROXIMATELY 15 INCHES ACROSS.

PHOTO

10 OF 10

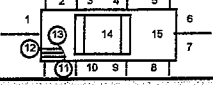
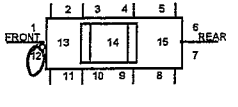
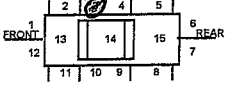
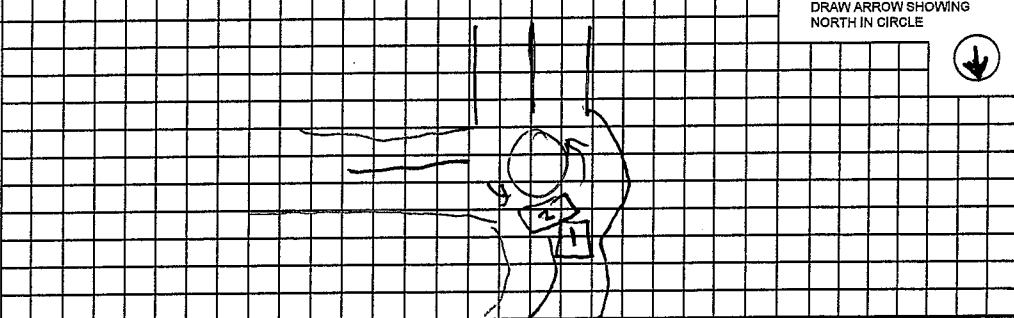
CCN: 234612900106

OPNAVINST 5530.14

DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (SUPPLEMENT TO INCIDENT/COMPLAINT REPORT)										CASE CONTROL NUMBER 234612900106												
DATE OF ACCIDENT MO <u>08</u> DAY <u>02</u> YEAR <u>2023</u>		TIME (USE 2400 HOURS) <u>0705</u>		DAY OF COLLISION <input checked="" type="checkbox"/> WEDNESDAY		<input type="checkbox"/> SUNDAY		<input type="checkbox"/> MONDAY		<input type="checkbox"/> TUESDAY												
NAVY BASE <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF		ROAD OR STREET ON WHICH ACCIDENT OCCURRED <u>TOWWAH</u>				NAME AND LOCATION OF NAVY BASE, CITY, STATE, ETC. <u>NAUSTA ROTA, SPAIN</u>																
LOCATION	AT INTER-SECTION	NAME OF INTERSECTING STREET <u>CARLOS III</u>		NOT AT INTER-SECTION	NAME OF NEAREST INTERSECTING ST., HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK <u>PIER 1 ECP</u>		NO. OF FEET <u>30</u>		DIRECTION <u>NORTH</u>													
	IF ACCIDENT OCCURRED OFF NAVY BASE AND OUTSIDE CITY LIMITS INDICATE _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W FROM <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> CENTER <input type="checkbox"/> OPEN COUNTRY <input type="checkbox"/> SCHOOL OR PLAYGROUND <input type="checkbox"/> BUSINESS																					
	KIND OF LOCALITY <input type="checkbox"/> BARRACKS <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> MFG. OR INDUST																					
TYPE ACCIDENT	TYPE ACCIDENT <input checked="" type="checkbox"/> VEHICLE-VEHICLE <input type="checkbox"/> VEHICLE-PEDICYCLE <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> OTHER						TOTAL NO. OF VEHICLES INVOLVED <u>2</u>		SEVERITY													
	<input type="checkbox"/> VEHICLE-OBJECT <input type="checkbox"/> VEHICLE-RR TRAIN <input type="checkbox"/> SINGLE VEHICLE (NON COLLISION)								NO. KILLED NO. INJURED													
WEATHER, LIGHT AND ROAD CONDITIONS	VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2											
	DRIVING LANES		CHARACTER		SURFACE		CONDITIONS		DEFECTS		WEATHER											
	ONE		STRAIGHT		CONCRETE		DRY		HOLES, RUTS, BUMPS		CLEAR											
	TWO		CURVE		BLACKTOP		WET		LOOSE MATERIAL OR		RAIN											
	THREE OR MORE		LEVEL		BRICK		MUD		DEFECTIVE		FOG											
TRAFFIC CONTROL	VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2		VEHICLE 1 2											
	STOP & GO SIGNAL		FLASHING LIGHT		WARNING SIGN		ONE WAY STREET		OTHER (EXPLAIN)		YIELD SIGN IN ROUND ABOUT											
	NO TRAFFIC SIGNAL		MANNED		SOLID CENTER LINE		STOP SIGN															
VEHICLE NO. 1	USN REGISTRATION OR LICENSE NO. <u>641 2601 E</u>		MAKE <u>FORD</u>		YEAR <u>2004</u>		BODY TYPE <u>GALAXY</u>		USN REGISTRATION OR LICENSE NO. <u>29720DF</u>		MAKE <u>PEUGEOT</u>											
	MARKINGS/DECAL NO.		<input type="checkbox"/> PRIVATELY OWNED		<input checked="" type="checkbox"/> GOVERNMENT				MARKINGS/DECAL NO.		<input checked="" type="checkbox"/> PRIVATELY OWNED											
	REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.) <u>UNITED STATES NAVY</u>		ADDRESS OF OWNER <u>NAUSTA ROTA, SPAIN</u>		NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT				REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.) <u>PALMIER, HENRY, D.</u>		ADDRESS OF OWNER <u>1,2A PLAZA DE LA MUÑILLA, PUERTO RICO</u>											
VEHICLE NO. 2	NAME (LAST, FIRST, M.I.) AND ADDRESS <u>HOPPER, LAWRENCE JOSEPH</u>		AGE <u>41</u>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SSN <u>(b) (6)</u>		NAME (LAST, FIRST, M.I.) AND ADDRESS <u>PALMIER, HENRY D.</u>		AGE <u>27</u>											
	DRIVER'S LICENSE/PERMIT NUMBER <u>B5714892</u>		STATE <u>CA</u>		LIMITATIONS ON LICENSE/PERMIT <input checked="" type="checkbox"/> YES (SPECIFY) <input type="checkbox"/> NO		DRIVING EXPERIENCE (YEARS) <u>9</u>		DRIVER'S LICENSE/PERMIT NUMBER <u>FA365579</u>		STATE <u>AE</u>											
	CODES (1) CAT <u>B</u> (2) INJ <u>A</u> (3) SEAT BELT <u>C</u> (4) SEAT POS <u>1</u>								CODES (1) CAT <u>A</u> (2) INJ <u>A</u> (3) SEAT BELT <u>A</u> (4) SEAT POS <u>1</u>													
OCCUPANTS	NAME AND ADDRESS <u>HOPPER, LAWRENCE, J.</u>										VEH. NO. <u>1</u>		CODES AGE <u>M</u> SEX <u>B</u>		CATE-GORY (1) <u>A</u>		IN-JURY (2) <u>A</u>		SEAT BELT (3) <u>A</u>		SEAT POSITION (4) <u>1</u>	
	<u>PALMIER, HENRY, D.</u>										<u>2</u>		<u>27</u> <u>M</u> <u>A</u>		<u>A</u>		<u>A</u>		<u>A</u>		<u>1</u>	
PEDESTRIAN	NAME AND ADDRESS																					
	PEDESTRIAN WAS GOING: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W										ALONG/ACROSS/INTO (STREET, ROAD OR HIGHWAY):											
	FROM (NW TO SW CORNER, OR EAST TO WEST SIDE, ETC.):										TO:											
CODES	(1) CATEGORY		(2) INJURY CLASS		(3) SHOULDER/LAP BELTS		(4) SEAT POSITION															
	A. NAVY OFFICER B. NAVY ENLISTED C. OTHER SERVICE OFFICER D. OTHER SERVICE ENLISTED E. CIVILIAN F. DEPENDENT G. OTHER		A. NO INJURY B. DEAD AT SCENE C. DEAD ON ARRIVAL D. DIED IN HOSPITAL E. INCAPACITATING INJURY F. NON-INCAP (EVIDENT) INJURY G. POSSIBLE INJURY H. INJURY UNKNOWN		A. LAP BELT USED B. SHOULDER HARNESS USED C. BOTH USED D. NOT USED E. NOT INSTALLED F. LAP BELT FAILED G. SHOULDER HARNESS FAILED H. BOTH FAILED U. UNKNOWN		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>4</td><td>1</td></tr> <tr><td>5</td><td>2</td></tr> <tr><td>6</td><td>3</td></tr> </table>						4	1	5	2	6	3				
	4	1																				
5	2																					
6	3																					
						7. OTHER POSITION (BUS-MOTORCYCLE) 8. POSITION UNKNOWN																

ENCLOSURE # 2

UN. 234612900106

DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (CONTINUED)															
WITNESSES	NAME AND ADDRESS								TELEPHONE NUMBER						
VEHICLE DAMAGE INSTRUCTIONS								1. In each box, circle the number of each damaged area. 2. Shade area of severest impact. 3. Draw arrow(s) to show principal direction of force.				EXAMPLE 			
DAMAGED VEHICLE NO. 1				DAMAGED VEHICLE NO. 2				DAMAGED TRAILER, MOTORCYCLE, ETC.							
								SKETCH DAMAGE							
SEVERITY OF DAMAGE: VEHICLE NO. 1 <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE				SEVERITY OF DAMAGE: VEHICLE NO. 2 <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE				SEVERITY OF DAMAGE: (OTHER VEHICLE) <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE							
TOWED BY				TOWED BY				TOWED BY							
TO				TO				TO							
DAMAGE TO PROPERTY (OTHER THAN VEHICLE)															
*SKETCH OF COLLISION 1. Identify: Roadway & roadway features Vehicles Pedestrians Objects on/off roadway Traffic controls Skidmarks Unusual/temperature conditions (ice patch, construction areas, etc.) 2. Locate probable point of impact 3. Show vehicle, pedestrian or object positions at impact 4. Show probable vehicle or pedestrian paths before and after collision															
															
DESCRIPTION OF COLLISION In Block 17, Incident/Complaint Report, (OPNAV 5527/1), indicate what probably happened before, during and after the crash, include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.															
DRIVER'S ACTION BEFORE ACCIDENT	DIRECTION HEADED		DRIVER 1	2	CHECK ONE OR MORE	DRIVER 1	2	CHECK ONE OR MORE	VEHICLE 1			2	SPECIFY FEET/MPH		
	N S E W		<input checked="" type="checkbox"/>		BACKING	<input checked="" type="checkbox"/>		OVERTAKING OR PASSING					ESTIMATED DISTANCE WHEN DANGER WAS FIRST NOTICED (FEET)		
	VEH 1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOING STRAIGHT AHEAD		AVOIDING VEH/OBJ					ESTIMATED SPEED WHEN DANGER WAS FIRST NOTICED (MPH)	
	VEH 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MAKING LEFT TURN		SLOWING OR STOPPING					ESTIMATED SPEED AT IMPACT (MPH)	
CONTRIBUTING CIRCUMSTANCES	DRIVER 1	2	CHECK ONE OR MORE	DRIVER 1	2	CHECK ONE OR MORE	DRIVER 1	2	CHECK ONE OR MORE	DRIVER 1	2	CHECK ONE OR MORE	VEHICLE 1	2	CHECK ONE OR MORE
	<input checked="" type="checkbox"/>		EXCEEDING SPEED LIMIT	<input checked="" type="checkbox"/>		NO OR IMPROPER SIGNAL	<input checked="" type="checkbox"/>		ALCOHOL INVOLVED	<input checked="" type="checkbox"/>		CHEMICAL TEST GIVEN			DEFECTIVE BRAKES
	<input checked="" type="checkbox"/>		SPEED EXCESSIVE FOR CONDITIONS	<input checked="" type="checkbox"/>		DISREGARDED TRAFFIC SIGNAL	<input checked="" type="checkbox"/>		DRUGS INVOLVED	<input checked="" type="checkbox"/>		CHEMICAL TEST REFUSED			DEFECTIVE HEAD LIGHTS
	<input checked="" type="checkbox"/>		FAILED TO YIELD			IMPROPER TURN			ABILITY IMPAIRED			TEST RESULTS			DEFECTIVE REAR LIGHTS
	<input checked="" type="checkbox"/>		DISREGARDED STOP SIGNAL			UNKNOWN	<input checked="" type="checkbox"/>		ABILITY NOT IMPAIRED		DRIVER NO. 1	DRIVER NO. 2			TIRES WORN OR SMOOTH
	<input checked="" type="checkbox"/>		VISION OBSTRUCTED			OTHER (SPECIFY)			UNKNOWN		% 0.0 BAC	% 0.0 BAC			TIRES PUNCTURES OR BLOWN
	<input checked="" type="checkbox"/>		FOLLOWING TOO CLOSE						SEE ATTACHED DD FORM 1920 "ALCOHOLIC INFLUENCE REPORT"						OTHER (SPECIFY)
	<input checked="" type="checkbox"/>		IMPROPER OVERTAKING												
POLICE ACTIVITY	NAME OF PERSON(S) APPREHENDED								CHARGES						
	TIME POLICE NOTIFIED (HOUR): 0703								TIME POLICE ARRIVED AT SCENE OF ACCIDENT (HOUR): 0715						
	WHERE ELSE WAS INVESTIGATION MADE: AT PIER 1 ECP								DID MILITARY OPERATOR COMPLETE DD FORM 518, "ACCIDENT IDENTIFICATION CARD"				YES	NO	
	IF OFF BASE, WHO ELSE CONDUCTED AN INVESTIGATION (IF OTHER AGENCY CONDUCTED COMPLETE INVESTIGATION, SO INDICATE)								DID MILITARY OPERATOR COMPLETE STANDARD FORM 91, "OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT"				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
								WAS FORM COMPLETED FROM ON SCENE INVESTIGATION (IF NOT EXPLAIN)				<input checked="" type="checkbox"/>	<input type="checkbox"/>		

ENCLOSURE #2

DEPARTMENT OF THE NAVY
VOLUNTARY STATEMENT

1. PLACE

NAVAL STATION ROTA, PIER 1

2. DATE/TIME

08/02/23 / 0700

PALMIER, HENRY DANIEL / LT, USN / (b) (6) / USS BULKELEY (DDG-84) make the following

free and voluntary statement to PATROL OFFICER (b) (7)(C)

Whom I know to be PATROL OFFICER

I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of: A TRAFFIC ACCIDENT.

ON AUGUST 2ND, 2023 AT 0700, I (HENRY PALMIER) WAS OPERATING MY #1 VEHICLE IN THE ROUNDABOUT OUTSIDE THE PIER 1 ENTRY CONTROL POINT (ECP). ALREADY WELL ESTABLISHED IN THE ROUNDABOUT, MY VEHICLE WAS HIT ON THE RIGHT SIDE BY THE USS BULKELEY (DDG-84) GOVERNMENT VEHICLE, OPERATED BY FCI LAWRENCE LAWRENCE HOPPER. FCI LAWRENCE HOPPER'S VEHICLE HAD ENTERED THE ROUNDABOUT AT A LATER POINT AND FAILED TO YIELD TO MY VEHICLE, WHICH HAD THE RIGHT OF WAY IN THE ROUNDABOUT.

Q: DID YOU SUSTAIN ANY INJURIES DURING THE ACCIDENT?

A: No.

Q: WHAT WAS IT DO YOU HAVE A BETTER DESCRIPTION OF THE VEHICLE FCI WAS DRIVING?

A: THE VEHICLE IS A WHITE FORD VAN.

Q: IS YOUR VEHICLE FUNCTIONAL?

A: THE FORWARD PASSENGER WINDOW CAN ONLY ROLL DOWN ROUGHLY HALF THE WAY DOWN. OTHERWISE, IT APPEARS TO BE LARGELY STRUCTURAL DAMAGE.

Q: ARE YOU AND FCI IN THE SAME DEPARTMENT?

A: YES YES, WE ARE BOTH A PART OF WEAPONS DEPARTMENT ONBOARD USS BULKELEY.

Q: AND YOU BOTH WERE TRAVELING TO WORK?

A: YES.

Q: DO YOU HAVE ANYTHING ELSE TO ADD TO THIS STATEMENT?

A: NO.

END OF STATEMENT

HENRY DANIEL PALMIER

Henry Palmer

DEPARTMENT OF THE NAVY
VOLUNTARY STATEMENT

1. PLACE NAVAL STATION ROTA PIER 1
2. DATE/TIME 08/02/23 / 0700

PALMIER, HENRY, DANIEL LT/03 (b) (6) USS BULKELEY (DDG-84)
LAST, FIRST, MIDDLE RATE/RANK SOCIAL SECURITY NUMBER COMMAND

END OF STATEMENT
HENRY DANIEL PALMIER
Henry Palmer

This above statement consist of 2 page/s handwritten by HENRY DANIEL PALMIER in the presence of M42 (b) (7)(C) as we discussed it's contents. I have been given the opportunity to make any changes I so desire. This statement is true and correct to the best of my knowledge and belief. Subscribed and Sworn to before me, HR

08/02/23 0806
(Date) (Time)

HENRY DANIEL PALMIER

(Printed Name)

Henry Palmer
(Signature)

[Signature]
(Swearing Official's Signature)

02AUG23 0806
(Date) (Time)

ENCLOSURE # 3

DEPARTMENT OF THE NAVY
VOLUNTARY STATEMENT

1. PLACE
NAVAL STATION ROTA LH
2. DATE/TIME
02 AUG 23 0700 LH

CH HOPPER, LAWRENCE JOSEPH EC' USN (b) (6) USS BULKELEY make the following

free and voluntary statement to (b)(7)(C) (b)(7)(C)

Whom I know to be NAVSTA SECURITY PATROL OFFICER

I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of: TRAFFIC ACCIDENT AT PIER ONE. LH

WHILE ENTERING THE ROUNDABOUT AT PIER ONE, I WAS DRIVING SLOWLY TO AVOID PEDESTRIANS. I FOLLOWED THE CAR IN FRONT OF ME TOWARDS THE ECP, WHEN THE OTHER CAR DROVE IN FRONT OF ME. I HIT THE BRAKES BUT STRUCK THE OTHER CAR ON THE FRONT PASSENGER SIDE. LH

Q: DID YOU SEE THE OTHER VEHICLE ENTER THE ROUNDABOUT? LH

A: NO LH

Q: WHEN YOU MADE CONTACT WAS IT BEFORE OR AFTER THE YIELD? LH

A: AFTER LH

Q: WAS THERE ANY WARNING OR ALERT MADE BEFORE MAKING CONTACT? LH

A: NO LH

Q: DO YOU WISH TO ADD OR MAKE ANY CHANGES TO YOUR STATEMENT? LH

A: NO LH

LH
END OF STATEMENT LH

LAWRENCE JOSEPH HOPPER

[Signature]

DEPARTMENT OF THE NAVY
VOLUNTARY STATEMENT

1. PLACE: NAVSSTA ROTA, PIER 1

2. DATE/TIME: 02 AUG 23 0700

HOPPER, LAWRENCE JOSEPH FC
LAST, FIRST, MIDDLE RATE/RANK

(b) (6)
SOCIAL SECURITY NUMBER

USS BULKMEY
COMMAND

END OF STATEMENT
LH LAWRENCE JOSEPH HOPPER LH

This above statement consist of 2 page/s handwritten by FC HOPPER, LAWRENCE in the presence of (b) (6) (b) (6) LH as we discussed it's contents. I have been given the opportunity to make any changes I so desire. This statement is true and correct to the best of my knowledge and belief. Subscribed and Sworn to before me, LH

02 AUG 23 0806
(Date) (Time)

HOPPER, LAWRENCE JOSEPH
(Printed Name)

[Signature]
(Swearing Official's Signature)

[Signature]
(Signature)

02 AUG 23 0806
(Date) (Time)

ENCLOSURE #4

MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act Statement on Page 3	INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.			
SECTION I - FEDERAL VEHICLE DATA					
1. DRIVER'S NAME (Last, first, middle) HOPPER, LAWRENCE JOSEPH			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS B5714892 CA		DATE OF ACCIDENT 02 AUG 2028
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS USN/ USS BULKELEY				4b. WORK TELEPHONE NUMBER ()	
5. TAG OR IDENTIFICATION NUMBER G41 2601 E	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE FORD	9. MODEL GALAXY	10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE SCRAPE, DENT ON LEFT FRONT FENDER					
SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)					
12. DRIVER'S NAME (Last, first, middle) PALMIER HENRY, DANIEL		13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO. (b) (6)		14. DRIVER'S LICENSE NO./STATE/LIMITATIONS FA365579/SPAIN/ B	
15a. DRIVER'S WORK ADDRESS USS BULKELEY (DDG 84) UNIT 100319 BOX 1 FPO, AE 09565-1301				15b. WORK TELEPHONE NUMBER ()	
16a. DRIVER'S HOME ADDRESS 1, 2A PLAZA DE LA MURALLA, PUERTO SHERRY CÁDIZ, ESPAÑA				16b. HOME TELEPHONE NUMBER (508) 661-9823	
17. DESCRIPTION OF VEHICLE DAMAGE PASSENGER WINDOW DOESN'T ROLL DOWN MORE THAN HALFWAY. STRUCTURAL DAMAGE RIGHT SIDE.				18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE 2003 2004	20. MAKE OF VEHICLE PEUGOT		21. MODEL OF VEHICLE 307		22. TAG NUMBER AND STATE 2972 POF
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS GEICO / PATRIA HISPANA SEGUROS 11520 ROTA, CÁDIZ, SPAIN				23b. POLICY NUMBER 1.777.519	
				23c. TELEPHONE NUMBER (508) 661 956 - 34 72 42	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED		25a. OWNER'S NAME(S) (Last, first, middle) PALMIER, HENRY, DANIEL		25b. TELEPHONE NUMBER (508) 661 - 9823	
26. OWNER'S ADDRESS(ES) 1, 2A PLAZA DE LA MURALLA, PUERTO SHERRY, CÁDIZ, ESPAÑA					
SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)					
27. NAME (Last, first, middle)				28. SEX	29. DATE OF BIRTH
30. ADDRESS					
A 31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		33. LOCATION IN VEHICLE	
34. FIRST AID GIVEN BY					
35. TRANSPORTED BY		36. TRANSPORTED TO			
37. NAME (Last, first, middle)				38. SEX	39. DATE OF BIRTH
40. ADDRESS					
B 41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		43. LOCATION IN VEHICLE	
44. FIRST AID GIVEN BY					
45. TRANSPORTED BY		46. TRANSPORTED TO			
47. Pedestrian	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)		
			FROM TO		
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)				

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

48. DATE OF ACCIDENT 02 AUG 2023	49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description). PIER 1 ROUNDABOUT
50. TIME OF ACCIDENT 0700 AM PM	

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

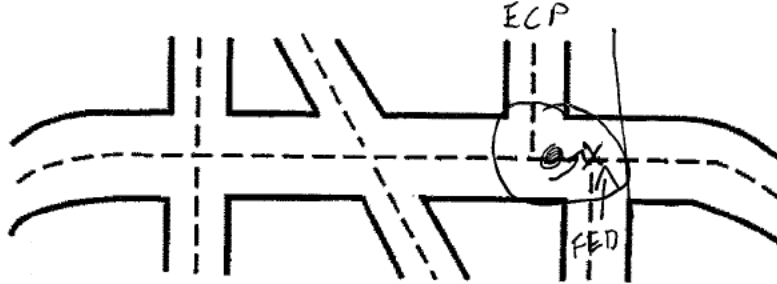
Example: → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by → ○

d. Show railroad by + + + + +

e. Place arrow in this circle to indicate NORTH



52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. Front
		b. R. Front
X		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
	X	g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).)

AT APPROXIMATELY 0700 FED STRUCK VEHICLE 2 WHILE ENTERING ROUNDABOUT. WHEN 2 WAS FULLY ESTABLISHED IN THE ROUNDABOUT TURNING LEFT TO ENTER PIER 1, FED WAS DRIVING SLOWLY AS TO AVOID PEDESTRIANS AND WHEN ENTERING THE ROUNDABOUT STRUCK 2 ON THE FRONT PASSENGER SIDE OF THE VEHICLE DUE TO A FAILURE TO YIELD.

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	54. NAME (Last, first, middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER (b) (7)(C)	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

3262 ENRIQUEZ ST. SECURITY HEADQUARTERS

FAILURE TO YIELD

ENCLOSURE #5

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and title 31 U.S.C. Section 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Departments of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for fiscal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification of individuals or firms in the system.

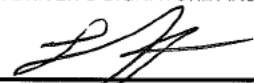
SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

72b. DRIVER'S SIGNATURE AND DATE

USS BULKELEY DUTY DRIVER

 08/02/23

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN

74. DESTINATION

GALLEY

USS BULKELEY

75. EXACT PURPOSE OF TRIP

DUTY SECTION MEAL RUN

76. TRIP BEGAN	DATE 08/02/23	TIME (Include AM or PM) 0650 AM	77. ACCIDENT OCCURRED	DATE 08/02/23	TIME (Include AM or PM) 0700 AM
78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input checked="" type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)			79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
82. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
b. COMMENTS					

83a. NAME AND TITLE OF SUPERVISOR

83b. SUPERVISOR'S SIGNATURE AND DATE

83c. TELEPHONE NUMBER

(b) (7)(C)

 8/2/23

(b) (7)(C)

ENCLOSURE #5

SECTION XI - ACCIDENT INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ NO ☐ YES (If checked, explain below.)

85. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a. LAWRENCE JOSEPH HOPPER	08/01/23	c.	
b. HENRY DANIEL PALMIER	08/02/23	d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

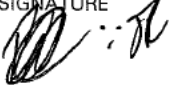
SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT


SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR

a. SIGNATURE 	b. DATE 02 AUG 23
c. NAME (First, middle, last) (b) (7)(C)	
d. TITLE NAVSTA ROTA PATROL OFFICER	
e. OFFICE NAVSTA ROTA SECURITY DEPARTMENT	
f. OFFICE TELEPHONE NUMBER	
AREA CODE 727	NUMBER 2864
EXTENSION 727	

90. ACCIDENT REVIEWING OFFICIAL

a. SIGNATURE 	b. DATE 02 AUG 23
c. NAME (First, middle, last) (b) (7)(C)	
d. TITLE NAVSTA ROTA PATROL OFFICER	
e. OFFICE NAVSTA ROTA SECURITY DEPARTMENT	
OFFICE TELEPHONE NUMBER	
AREA CODE 727	NUMBER 2864
EXTENSION 727	

CCN: 23 4612 00106

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)	NAME (Last, First, Middle Initial)
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.					
1. NAME (Last, First, Middle Initial) HOPPER, LAWRENCE, JOSEPH					
2. RANK / GRADE PO1 / EG		3. DATE OF BIRTH (b) (6)		4. SOCIAL SECURITY NO. (b) (6)	
5. ORGANIZATION OR ADDRESS USS BULKLEY					
6. DRIVER LICENSE NUMBER B5714892				7. ISSUING AUTHORITY (State or Military) CADIZ	
8. MAKE OR TYPE OF VEHICLE FORD BMAZY		9. STATE LICENSE OR REGIS NO. GU 2601 E		10. INSTL TAG NO.	
11. DATE (Day-month-year) 02AUG23		12. TIME 0700		13. LOCATION PIER 1 EEP	
14. <input checked="" type="checkbox"/> SPEED OVER LIMIT (mph in a mph zone)		<input checked="" type="checkbox"/> 5 - 10 MPH		<input checked="" type="checkbox"/> 11 - 15 MPH	
<input type="checkbox"/> IMPROPER LEFT TURN →		NO SIGNAL		CUT CORNER	
<input type="checkbox"/> IMPROPER RIGHT TURN →		NO SIGNAL		INTO WRONG LANE	
<input type="checkbox"/> DISOBEYED TFC SIGNAL (When light turned red) →		PAST MIDDLE INTERSECTION		MIDDLE OF INTERSECTION	
<input type="checkbox"/> DISOBEYED STOP SIGN →		STOPPED WRONG PLACE		FAILED TO STOP	
<input type="checkbox"/> IMPROPER PASSING AND LANE USAGE →		AT INTERSECTION		CUT IN	
<input type="checkbox"/> FOL. TOO CLOSELY		LANE STRADDLING		WRONG LANE	
<input checked="" type="checkbox"/> FAILURE TO YIELD		OTHER VIOLATIONS (Describe)		ON HILL	
PARKING		OVERTIME		DOUBLE PARKING	
CONDITIONS		PROHIBITED AREA		OTHER (Describe in Remarks)	
THAT		RAIN		TRAFFIC ACCIDENT	
INCREASED		SNOW		BUSINESS	
SERIOUSNESS		ICE		INDUSTRIAL	
OF		NIGHT		RURAL	
VIOLATION		FOG		SCHOOL	
		SNOW		RESIDENTIAL	
		CROSS		HIGHWAY	
		ONCOMING		TYPE	
		PEDESTRIAN		2 - LANE	
		SAME DIRECTION		3 - LANE	
		PEDESTRIAN		4 - LANE	
		DRIVER		4 - LANE	
		JUST MISSED ACDT		DIVIDED	
15. REMARKS MEMBER FAILED TO YIELD AT ROUND ABOUT RESULTING IN TRAFFIC ACCIDENT COMMUNACT SPAIN / INST 5560.1 SERVED					
16. NAME OF PERSON ISSUING TRAFFIC TICKET (b) (7)(C)					
17. ORGANIZATION AND INSTALLATION NAOSTARDA SECURITY				18. RANK / GRADE PO3 / EG	

DD Form 1408, DEC 87

Previous edition is obsolete.

CO of violator or appropriate civil agency

1

ENCLOSURE #6